

****QMB Application Request Template****

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Department Name]

[Office or Agency Name]

[Address]

[City, State, Zip Code]

Subject: Request for Qualified Medicare Beneficiary (QMB) Application

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request assistance in applying for the Qualified Medicare Beneficiary (QMB) program. I believe I meet the qualifications and would greatly appreciate your guidance on the application process.

****Personal Information:****

- Full Name: [Your Full Name]
- Date of Birth: [MM/DD/YYYY]
- Social Security Number: [XXX-XX-XXXX]
- Medicare Number: [XXXXXXXXXX]

****Financial Information:****

- Monthly Income: [Your Monthly Income]
- Household Size: [Number of People in Household]
- Other Relevant Financial Details: [Any other pertinent financial information]

Attached to this request, you will find copies of the necessary documents to support my application, including proof of income and any other relevant documentation.

Thank you for your attention to this matter. I look forward to your prompt response regarding the next steps in the application process.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]

****Attachments:****

1. [Document 1]
2. [Document 2]
3. [Document 3]
